STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011804	A. BUILDING: _____ B. WING _____	R-C 04/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTH AT SYCAMORE VILLAGE LLC	611 W COUNTY LINE RD S FORT WAYNE, IN 46814

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the investigation of Complaint IN00195191 completed on March 11, 2016. Complaint IN00195191-Corrected Survey Dates: April 11, 2016 Facility Number: 011804 Provider Number: N/A AIM Number: N/A Census Bed Type: Residential: 100 Total: 100 Census Payor Type: Other: 100 Total: 100 Sample: 3 Hearth at Sycamore Village LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the investigation of Complaint IN00195191. QR completed on April 14, 2016 by 17934.	{R 000}		